

# ACCREDITATION APPLICATION FORM

For Residential Property Management Accreditation

## Agency Type (Tick One)

Single Office Agency

Multi Office Agency

Company Name: \_\_\_\_\_

Trading Name: \_\_\_\_\_

REINZ Agency ID: \_\_\_\_\_

Name of Agent (Principal) of firm: \_\_\_\_\_

*Please provide the names, REINZ ID and qualifications for the required staff on the attached form with evidence of qualification and enrolment (Level 4 NZ Certificate or equivalent in-house course of study) or any other documentation to be considered as recognition of prior learning.*

**OR**

**Individual Applicant**

Your Name: \_\_\_\_\_

REINZ ID: \_\_\_\_\_

Name of REINZ Member office employed at: \_\_\_\_\_

Relevant diploma, degree or certificate

Evidence of qualification and enrolment (Level 4) attached

or

Documentation to be considered by the exemption panel in support of application for exemption from requirement to hold New Zealand Certificate in Property Management

\*Membership year - 1 July to 30 June

**Agency**

We, [agency's full name] ....., hereby apply for Residential Property Management Accreditation of the Real Estate Institute of NZ (REINZ). We agree to ensure that our agency and all our employees and contractors engaged by the agency strictly adhere to the Rules of REINZ at all times, including all REINZ Codes of Practice which are published and announced by REINZ from time to time.

We acknowledge that we have read and understood all of the documents mentioned in the above prior to signing this application form.

**Individual Applicant**

I, [your full name] ....., hereby apply for Residential Property Management Accreditation of the Real Estate Institute of NZ (REINZ). I agree to ensure that I will adhere to the Rules of REINZ at all times, including all REINZ Codes of Individual Membership which are published and announced by REINZ from time to time.

I acknowledge that I have read and understood all of the documents mentioned in the above prior to signing this application form.

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Signed by

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Full Name(s) and position(s) held

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Date

Please return to:  
The Real Estate Institute of New Zealand  
PO Box 5563, Wellesley Street, Auckland 1141  
**Email:** membership@reinz.co.nz  
**Fax:** 09 379 8471

